

The City of Charlevoix has an automatic payment plan for your utility bill. Each month your bill will be automatically deducted from your checking or savings account on the date it is due, normally the 18th of each month. The plan is quick, simple, helps you avoid any penalties and it's free!

To participate in the automatic payment plan, simply fill out the form below and return it to us with a voided check with your bank ABA routing number on it by fax or mail.

For any NSF rejections, you will be charged a \$35.00 fee on your utility account.

AUTOMATIC PAYMENT PLAN – CHARLEVOIX UTILITY BILL

Name:					
Service 2	Address:				
City:		State	Zip		
Daytime	Phone#				
Utility A	.ccount Number(s):				
(Add	additional #'s at the top	of the form)			
Your Fin	ancial Institution Informa	ation:			
Name of	f Bank or Credit Union:				
Account	:#:				
Type of	Account: _				
(Checki	ng or savings):				
ABA Rot	uting Number:				
(9 digit#	on bottom of your chec	k)			
(This inf	ormation may also be ob	tained from you financi	ial institution.)		
<u>Authoriza</u>	ation:				
	ze the City of Charlevoix to			~	
	pove. I am the owner of the		•		
may be r	equired. I may discontinue	payments at any time by	notifying the City of Ch	arlevoix in writing.	
			Date:		
Please al	low at least 30 days for with	hdrawals to begin.			
Mail to :	City of Charlevoix	Questions? Call us a			
	210 State Street		ax 231/237-0329		
	Charlevoix, MI 49720	shellyf@	charlevoixmi.gov		